

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	214521161			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>Great Commission Outreach Baptist Church Inc.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>JOAN C WORRELL</b>  <b>151 CRESCENT DR</b>  <b>POB 1211</b></p> <p><b>FRANKLIN, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>SOUTHAMPTON COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>VA</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>6/30/2014</b></p> <p>SCC ID NO: <b>06183867</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
CLASS	AUTHORIZED				
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 151 CRESCENT DRIVE POB 1211</p> <p style="text-align: center;">CITY/ST/ZIP: FRANKLIN, VA 23851</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;">           NAME: ARTHUR LEWIS            TITLE: PRESIDENT            ADDRESS: 1520 MERINER ST            CITY/ST/ZIP/CO: FRANKLIN, VA 23851         </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER         </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR         </td> </tr> </table>			NAME: ARTHUR LEWIS TITLE: PRESIDENT ADDRESS: 1520 MERINER ST CITY/ST/ZIP/CO: FRANKLIN, VA 23851	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;">           NAME: MILDRED SMITH            TITLE: PRESIDENT            ADDRESS: P.O.B. #41            CITY/ST/ZIP/CO: CAPRON, VA 23829         </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER         </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR         </td> </tr> </table>			NAME: MILDRED SMITH TITLE: PRESIDENT ADDRESS: P.O.B. #41 CITY/ST/ZIP/CO: CAPRON, VA 23829	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;">           NAME: SHAHEED TANNER            TITLE: TRUSTEE/DIRECTO            ADDRESS: 205 COLLEGE DR            CITY/ST/ZIP/CO: FRANKLIN, VA 23851         </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER         </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR         </td> </tr> </table>			NAME: SHAHEED TANNER TITLE: TRUSTEE/DIRECTO ADDRESS: 205 COLLEGE DR CITY/ST/ZIP/CO: FRANKLIN, VA 23851	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SHAHEED TANNER TITLE: TRUSTEE/DIRECTO ADDRESS: 205 COLLEGE DR CITY/ST/ZIP/CO: FRANKLIN, VA 23851	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;">           NAME: ROBERT LEE TAYLOR            TITLE: TREASURER            ADDRESS: 354 N.COLLEGE DR.            CITY/ST/ZIP/CO: FRANKLIN, VA 23851         </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER         </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR         </td> </tr> </table>			NAME: ROBERT LEE TAYLOR TITLE: TREASURER ADDRESS: 354 N.COLLEGE DR. CITY/ST/ZIP/CO: FRANKLIN, VA 23851	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT LEE TAYLOR TITLE: TREASURER ADDRESS: 354 N.COLLEGE DR. CITY/ST/ZIP/CO: FRANKLIN, VA 23851	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;">           NAME: JOAN C WORRELL            TITLE: CHRPRSN/SEC            ADDRESS: 151 CRESCENT DR            POB 1211            CITY/ST/ZIP/CO: FRANKLIN, VA 23851         </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER         </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR         </td> </tr> </table>			NAME: JOAN C WORRELL TITLE: CHRPRSN/SEC ADDRESS: 151 CRESCENT DR POB 1211 CITY/ST/ZIP/CO: FRANKLIN, VA 23851	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOAN C WORRELL TITLE: CHRPRSN/SEC ADDRESS: 151 CRESCENT DR POB 1211 CITY/ST/ZIP/CO: FRANKLIN, VA 23851	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;">           NAME: WALTER HOBBS, JR.            TITLE: TREASURER            ADDRESS: 709 CHARLES STREET            CITY/ST/ZIP/CO: FRANKLIN, VA 23851         </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER         </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR         </td> </tr> </table>			NAME: WALTER HOBBS, JR. TITLE: TREASURER ADDRESS: 709 CHARLES STREET CITY/ST/ZIP/CO: FRANKLIN, VA 23851	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WALTER HOBBS, JR. TITLE: TREASURER ADDRESS: 709 CHARLES STREET CITY/ST/ZIP/CO: FRANKLIN, VA 23851	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			

NAME:	JOHNNIE H WORRELL SR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	151 CRESCENT DRIVE		
CITY/ST/ZIP/CO:	POB 1211 FRANKLIN, VA 23851		
NAME:	HERBERT BEASLEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TRUSTEE/DIRECTO		
ADDRESS:	204 HOLLY COVE STREET		
CITY/ST/ZIP/CO:	FRANKLIN, VA 23851		
NAME:	IRENE BRITT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TRUSTEE		
ADDRESS:	800 CHESTNUT STREET		
CITY/ST/ZIP/CO:	FRANKLIN, VA 23851		
NAME:	KENNIE DEAN BYNUM	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	25130 OAK TRAIL APT #D		
CITY/ST/ZIP/CO:	COURTLAND, VA 23837		
NAME:	ALICE DREWRY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	9414 DINKY CIRCLE		
CITY/ST/ZIP/CO:	WINDSOR, VA 23487		
NAME:	BARBARA WILCOX	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	22154 LAUREL STREET		
CITY/ST/ZIP/CO:	P.O.B. 511 COURTLAND, VA 23837		
NAME:	JOHNNIE HAYWOOD WORRELL JR.	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TRUSTEE/DIRECTO		
ADDRESS:	151 CRESCENT DRIVE		
CITY/ST/ZIP/CO:	P.O.B. FRANKLIN, VA 23851		
NAME:	JANIE LEWIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1520 MERINER ST		
CITY/ST/ZIP/CO:	FRANKLIN, VA 23851		
NAME:	EARNELL WHITFIELD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O.B. 234		
CITY/ST/ZIP/CO:	COURTLAND, VA 23837		
NAME:	MARY BRITT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	800 CHESTNUT ST		
CITY/ST/ZIP/CO:	FRANKLIN, VA 23851		
NAME:	GERALDINE KEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O.B. 305		
CITY/ST/ZIP/CO:	COURTLAND, VA 23837		

NAME:	CLEMENTINE TERRELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	209 HOLLY ST		
CITY/ST/ZIP/CO:	FRANKLIN, VA 23851		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/	,	4/23/2014	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			